Off Peak Technologies, LLC
530 Stonewood Rd., York, PA 17402

RMA REQUEST FORM

Please fill out completely. All fields are required. Email to: sales@offpeak-solutions.com.

* Date request Submitted: _____   * PO# for this request: _____

Contact Information

* Contact Name: _____   * Company: _____

* Address: _____

* Contact Phone: _____   * Email: _____

Return Information

* Authorize: ○ repair or replace if non-warranty

* Model Number _____

* Serial Number _____

* Original Order PO# _____

* **Description of problem:**

You will be contacted by OffPeak Technologies within 24 hours with an RMA Number.
Please make sure RMA Number is clearly marked on all packaging. Please see
OffPeak Technologies LLC Return and Cancellation Policy for full details.

Rev 1.0